



CSRA Leather Bears
Augusta, GA
Membership Application

Name:		
Street Address:		
Street Address Line 2:		
City:	State:	Zip:
Phone:		
E-Mail		
Birthday (MM/DD/YYYY):		
Other Current/ Prior Club Affiliations		

Membership Type: ☐ Full ☐ Associate

Applicant Signature:	Date:
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Amount Paid:	
Application Approved by Club (Officer Signature)	Date Approved: